



ACCIDENT INSURANCE

Every accidental injury—from bumps and bruises to broken bones—requires different care and treatment. To help protect you and your family, Accident Insurance offers benefits for some of today’s most common accidental injuries, whether they happen on the job or off. Plus, the policy offers you four levels of coverage to choose from.¹

Accident Benefits

Benefits paid to the insured for injuries from a covered accident.

	Level 3	Level 4
Hospital Confinement Lump Sum² Limited to one (1) day per covered accident per covered person	\$1,500	\$2,000
Hospital Confinement/Observation Unit Pays a per day benefit when a covered person is either 1) admitted into an Observation Unit or 2) confined as an Inpatient within 30 days of covered accident. Limited to 365 days per covered accident	\$750 per day	\$1,000 per day
Intensive Care Unit Confinement Lump Sum³ Limited to one (1) Day per covered accident per covered person	\$1,500	\$2,000
Intensive Care Unit Confinement Benefit³ Up to 15 days per covered accident per covered person	\$750 per day	\$1,000 per day
Emergency Room Services Pays a benefit for one specific service ⁴ within 72 hours of covered accident. Payable 1 time per covered accident, limited to 2 per year	\$300/day (adult) \$150/day (child)	\$300/day (adult) \$150/day (child)
Ambulance Limited to either licensed surface or air ambulance once per covered accident, must be within 72 hours of the covered accident		
Ground Ambulance	\$400	\$500
Air Ambulance	\$2,000	\$2,500
Transportation (other than ambulance) For the injured covered person for up to 3 trips per Calendar Year per covered person, treatment cannot be available locally and must be more than 100 miles from accident site or covered person’s residence	\$800 per trip to the hospital	\$1,000 per trip to the hospital

Other terms and conditions apply; ask your agent for details.

¹Premiums are based on the benefit level you select.

²Payable if, due to a covered accident, a person is either admitted as an inpatient for a minimum of 24 consecutive hours or is admitted into an Observation Unit and such confinement continues uninterrupted from one calendar day to the next calendar day.

³Payable in addition to hospital confinement lump sum benefit and hospital confinement/observation unit benefits.

⁴See Limitations and Exclusions page for the specified services covered.



	Level 3	Level 4
Family Lodging For 1 hotel/motel room for an Immediate Family member during a covered person's hospitalization for up to 30 days per covered accident, must be more than 100 miles from covered person's residence	\$150/day	\$175/day
Physician's Office Visit Limited to 1 visit per Day and limited to 2 visits per covered accident per covered person and a maximum of 6 visits per Calendar Year per covered person	\$70	\$90
Rehabilitation Facility¹ Up to 15 days per covered accident per covered person, limited to 30 days per Calendar Year per covered person	\$150/day	\$175/day
Outpatient Therapy¹ Limited to 1 therapy session per Day and limited to 8 therapy sessions per covered accident per covered person with a maximum of 16 sessions per Calendar Year per covered person	\$75/day	\$100/day
Medical Imaging¹ Limited to 1 of the following Physician ordered exams per covered accident per covered person with a total limit of 2 per Calendar Year per covered person X-Ray Computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), and electroencephalogram (EEG)	\$50 \$250	\$50 \$300
Medical Appliances¹ Limited to 1 per covered accident per covered person	\$150	\$175
Prosthesis¹ Maximum benefit is per physician prescribed device per covered accident per covered person	\$1,000	\$1,250
Blood and Plasma Payable one time per covered accident per covered person when, due to a covered accident, receives whole blood, plasma, red cells, packed cells or platelets	\$300	\$400
Pain Management (non-surgical) Payable when a physician prescribes an epidural due to a covered accident. It must be administered in a hospital, U.S. government hospital or a physician's office. Limited to 1 per covered accident with a maximum of 2 per calendar year per covered person	Epidural - \$100	Epidural - \$100
Emergency Dental Work Payable for emergency dental work for a sound natural tooth that is broken due to a covered accident. Payable within 90 days of the accident. The repair is limited to crown, denture, implant or extraction. Limited to 1 per covered accident per covered person with a maximum of 2 per calendar year. Broken tooth repaired with crown, denture, implant Broken tooth resulting in extraction	\$400 \$100	\$500 \$125

¹See Limitations and Exclusions page for the additional requirements and limitation information.



	Level 3	Level 4
Concussion Payable if within 72 hours of a covered accident a covered person is diagnosed by a physician with a concussion. Limited to 1 per covered accident per covered person with a maximum of 2 per calendar year per covered person	\$100	\$100
Coma¹ Payable if a covered person is hospital confined in a coma for a period of 14 or more consecutive days. Limited to 1 per covered accident per covered person with a maximum of 2 per calendar year per covered person.	\$10,000	\$10,000

Specific Injury Benefits

To qualify for these benefits, the injury must be due to a covered accident and be diagnosed and treated by a physician within 90 days of the covered accident (within 72 hours for lacerations and burns; within 60 days for a ruptured disc, torn cartilage or hernia; within 30 days for cranial surgery, thoracic surgery, open abdominal surgery, arthroscopy).

		Level 3	Level 4
Fracture ²	Hip or thigh	\$4,000	\$4,800
	Vertebrae	\$3,600	\$4,300
	Pelvis	\$3,250	\$3,900
	Skull (depressed)	\$3,000	\$3,600
	Leg	\$2,500	\$3,000
	Foot, ankle, or kneecap	\$2,000	\$2,400
	Forearm or hand	\$2,000	\$2,400
	Lower jaw	\$1,600	\$1,900
	Shoulder blade, collar bone, or sternum	\$1,600	\$1,900
	Skull (simple)	\$1,500	\$1,800
	Upper arm or upper jaw	\$1,500	\$1,800
	Facial bones	\$1,250	\$1,500
	Vertebrae processes	\$950	\$1,150
	Coccyx, rib, finger, toe, or nose	\$300	\$350

Other terms and conditions apply; ask your agent for details.

¹See Limitations and Exclusions page for information on reduction of accidental death benefit.

²If a surgical incision is required for a fracture or dislocation, an extra 50% of the benefit will be paid.



		Level 3	Level 4
Dislocation ¹ <i>first complete or partial dislocation only</i>	Hip	\$4,000	\$4,800
	Knee (not kneecap)	\$2,800	\$3,400
	Shoulder	\$2,100	\$2,500
	Foot or ankle	\$1,700	\$2,100
	Hand	\$1,600	\$2,000
	Lower jaw	\$1,300	\$1,600
	Wrist	\$1,100	\$1,300
	Elbow	\$850	\$1,050
	Finger or toe	\$300	\$350
Laceration requiring sutures <i>combined lengths</i>	Over 5"	\$500	\$600
	2" to 5"	\$250	\$300
	Up to 2"	\$125	\$150
Injuries requiring surgery Limited to 1 surgery per covered person per covered accident	Eye injury	\$250	\$300
	Tendon or ligament		
	Single	\$1,000	\$1,200
	Multiple	\$1,500	\$1,800
	Ruptured disc	\$1,000	\$1,200
	Torn cartilage	\$1,000	\$1,200
	Hernia	\$500	\$600
	Arthroscopy Without Surgical Repair	\$1,000	\$1,200
	Cranial	\$1,000	\$1,200
	Thoracic Surgery	\$1,000	\$1,200
	Open abdominal (including exploratory laparotomy)	\$1,000	\$1,200
	Rotator Cuff	\$1,500	\$1,800
Paralysis	Paraplegia	\$20,000	\$20,000
	Quadriplegia	\$25,000	\$25,000
Burns <i>(First degree burns are not payable) Treatment within 72 hours for burn, does not include skin grafts.</i>	Second- or third-degree burn	\$1,500	\$1,800
	Skin grafts	\$750	\$900

Other terms and conditions apply; ask your agent for details.

¹See Limitations and Exclusions page for additional limitation information.



Accidental Dismemberment Benefit

Benefit pays when a covered person is dismembered as the result of a covered accident. The dismemberment must occur within 365 days after the covered accident.

Type of Dismemberment ^{1,2}	Level 3		Level 4	
	One finger or toe	Policyowner/Spouse \$3,000 Child \$750	Policyowner/Spouse \$4,000 Child \$1,000	
	More than one finger or toe	Policyowner/Spouse \$3,500 Child \$1,000	Policyowner/Spouse \$4,500 Child \$1,125	
	One eye, hand, foot, arm or leg	Policyowner/Spouse \$15,000 Child \$3,750	Policyowner/Spouse \$18,000 Child \$4,500	
	More than one eye, hand, foot, arm or leg	Policyowner/Spouse \$60,000 Child \$15,000	Policyowner/Spouse \$80,000 Child \$20,000	

Accidental Death Benefit

A benefit is paid when a covered person dies within 90 days as the result of a covered accident.

Type of Accident ³	Level 3		Level 4	
	Common carrier	Policyowner/Spouse \$200,000 Child \$50,000	Policyowner/Spouse \$250,000 Child \$62,500	
	Motorized vehicle or pedestrian	Policyowner/Spouse \$200,000 Child \$50,000	Policyowner/Spouse \$250,000 Child \$62,500	
	Other accidental death	Policyowner/Spouse \$100,000 Child \$25,000	Policyowner/Spouse \$125,000 Child \$31,250	

Optional riders with additional benefits are available at additional cost.

For more information and to learn about these optional riders, please speak to your agent.

The benefit amounts under an issued policy will be based on the coverage amounts printed in the policy applied for and issued. For more detailed benefit information, see the benefit descriptions in this brochure. Rider availability and eligibility requirements are subject to change and are not guaranteed.

Speak to your agent on additional details on these optional riders that may be available to you.

¹See Limitations and Exclusions page for the additional information.

²Any fracture benefit for a subsequently dismembered hand, finger, foot or toe resulting from the same covered accident will reduce the Dismemberment benefit.

³If a covered person dies as a result of the same covered accident, any Accident Death Benefit will be reduced by any amount paid under the Dismemberment benefit.



LIMITATIONS & EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from any of the following²: Surgery that is not for the diagnosis or treatment of a Covered Accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of cosmetic or plastic surgery,¹⁶ including but not limited to², the following: Abdominoplasty (tummy tuck); Mammoplasty (breast modification); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction). Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident and is considered medically necessary.¹⁶ Surgery that is not for the diagnosis or treatment of a Covered Accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of elective surgery.¹⁶ Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven. Participation in any Hazardous Activity whether as a vocation, avocation or recreational, including but not limited to³: bicycle moto cross (BMX), big wave surfing, cliff camping, cave diving, hang gliding, B.A.S.E. jumping, bungee jumping, edge walking, free fall, free soloing, freestyle motocross (FMX), highlining, heli-skiing or heli-snowboarding, hot air ballooning, ice climbing, motor cross, parachuting, sail gliding, parasailing, parakiting, rodeo, rock climbing, rappelling, white water rafting, wingsuit flying, wing walking, scuba diving, mountaineering, or similar activities.^{1,12} Participating or attempting to participate in an illegal act or working at an illegal job.^{4,11,13} Being legally intoxicated, or so intoxicated (in accordance with the laws in the jurisdiction where the Accident occurs that govern operating while intoxicated) that mental or physical abilities are seriously impaired.^{10,13,14} A Covered person is conclusively determined to be legally intoxicated if a test, including but not limited to²: a chemical or breath test, administered in the jurisdiction where the Accident occurred is at or above the legal limit set by that jurisdiction. Being under the influence of any illegal drugs.^{5,13} Being under the influence of any excitant, depressant, hallucinogen, narcotic, or any other drug unless such drug(s) are taken under the direction of and as directed by a Physician.^{6,13,14} Voluntary inhalation of any poison, gas, or fumes, or chemical substance.⁷ Having a behavioral or psychological disorder, disease, or syndrome, without demonstrable organic origin. Riding in or driving any motor-driven air, land or water vehicle in a race, stunt show or speed test; or while testing or practicing any vehicle on any racecourse or speedway. Injuring or attempting to injure yourself intentionally, regardless of mental capacity.⁷ Having any illness; disease; degenerative disease; disorder; allergic reaction; over exposure to the sun (sunburns); bacterial or viral or microorganism infection unless the result of a Laceration covered under the Policy as a Covered accident. We will also not pay benefits for any related medical treatments or diagnostic procedures. Alcoholism, drug abuse, or chemical dependency.¹³ Committing or attempting to commit suicide, regardless of mental capacity.^{7,9} Participating in any sporting event for pay or prize money as a professional, or semi-professional participant. Being in an Accident which occurs more than forty (40) miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda and Jamaica, except as otherwise provided under the Accidental Death Benefit.¹⁵ Routine vision exams or vision procedures, unless treatment is the result of a Covered accident and is considered medically necessary.¹⁶ Being exposed to war or any act of war, declared or not, or participating in or contracting with the Armed Forces (including Coast Guard) of any country or international authority.

Emergency Room Services Benefit covered services are as follows: 1. x-ray; 2. digital motion x-ray; 3. needle aspiration; 4. laceration or puncture wound repair; 5. administration of prescription medication; 6. tetanus shot; 7. antivenom therapy; 8. treatment for poisoning; 9. repair of damaged tooth; 10. removal of a foreign object from eye; 11. casts, splint and braces; 12. crutches; or 13. second degree (partial thickness) or third degree (full thickness) burn treatment.

Rehabilitation Facility Benefit, the benefit is payable if a covered person is hospital confined due to a covered accident and then transferred to a rehabilitation facility by physician's order within 24 hours after discharge from the hospital confinement. This benefit is limited to 15 days per covered accident with a maximum of 30 days per calendar year per covered person. A re-confinement to a hospital within 30 days and then a transfer to a rehabilitation facility as described above will be considered part of the prior rehabilitation facility confinement subject to the 15-day maximum.

Outpatient Therapy Benefit, this benefit is payable for physician prescribed therapy received from licensed occupational therapist, speech therapist, physical therapist or physiotherapist due to a covered accident. The therapy services must begin within 30 days of a covered accident or if hospital confined within 30 days after discharge. The benefit is limited to 1 therapy session per day regardless of the number of therapy sessions received in a day or the type of therapies received during any therapy session. This benefit is not payable while receiving benefits under the Rehabilitation Facility Benefit.

Medical Imaging Benefit, the exams must be performed at a hospital, U.S. government hospital, medical diagnostic imaging center, physician's office or an urgent care facility to be considered for the benefit. Medical Appliances Benefit, the benefit is payable only for the following: wheelchair, walker, crutches, leg brace, or back brace. Prosthesis Benefit, devices must be obtained within three (3) years after the date of the covered accident for which the policy pays a benefit. Coma Benefit, coma does not include medically induced comas.

The accidental death benefit can be reduced if the following benefits were paid due to the same covered accident that resulted in the covered person death; coma benefit, paralysis benefit, and dismemberment benefit.

Accidental Death Benefit, the following terms are used in this benefit and are described as follows: Common Carrier means: 1. an airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regularly scheduled route between established airports; common carrier does not include the chartering of private airplanes or flying on any airlines without schedules; 2. a railroad train which is licensed and operates on a regular schedule for passenger service only; or 3. a boat or ship which is licensed for passenger service and operates on a regularly scheduled route between established ports.

Motorized Vehicle means a motorized vehicle which is limited to automobiles, trucks of all sizes, taxis, motor homes, vans, and buses, other than a Common Carrier. The vehicle must be licensed by proper authority and authorized to travel on city, state, and federal roads. Operators of a motorized vehicle are excluded if they are driving any taxi, intrastate or interstate vehicle for wage, compensation or profit. Pedestrian means a covered person is not a passenger in a Common Carrier or Motorized Vehicle but is struck by such a vehicle.

This brochure is intended to be a brief, general description of coverage. To the extent that there may be discrepancies between the information provided in this brochure and the policy language, the policy language takes precedence. For more complete details of coverage, including benefits, limitations and exclusions specific to your state, please review the policy with your agent.

¹In Alaska, "but not limited to" and "or similar activities" does not apply.

²In Kentucky, "including".

³In Kentucky, "including the following".

⁴In Michigan, "Working in an illegal job, participating or attempting to participate in commission of a felony, or participating or attempting to participate in an illegal act when such participation or attempt to participate rises to the level of willful criminal activity. Willful criminal activity does not include a civil infraction or other activity that does not rise to the level of a misdemeanor or felony, in accordance with the laws in the jurisdiction in which the Accident occurred."

⁵In Michigan, "Being under the influence of any illegal drug, when being under the influence of such illegal drug occurs while participating or attempting to participate in the commission of a felony or while engaged in a willful criminal activity, in accordance with the laws in the jurisdiction in which the Accident occurred."

⁶In Michigan, "Being under the influence of any excitant, depressant, hallucinogen, narcotic, or any other drug when being under the influence of such substance occurs while participating or attempting to participate in the commission of a felony or while engaged in a willful criminal activity, in accordance with the laws in the jurisdiction in which the Accident occurred."

⁷In Michigan, does not apply.

⁸In Michigan, "No benefits are payable for deliberate acts."

⁹In Missouri, "Committing or attempting to commit suicide, while sane."

¹⁰In MT, "Being legally intoxicated, while operating a motorized vehicle. A Covered Person is conclusively determined to be legally intoxicated if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the Accident occurred is at or above the legal limit set by that jurisdiction."

¹¹In Nebraska, "Commission of or attempting to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation."

¹²In Nevada, "or similar activities" does not apply.

¹³In Nevada, does not apply.

¹⁴In South Carolina, does not apply.

¹⁵In Texas, does not apply.

¹⁶In Wyoming, "or considered medically necessary by your physician.", does not apply.

Policy form (may vary by state): WNIC2130

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